



JUSTICE

Vol.39 ACTUALITÉS - REPORT No.1

CANADIAN CRIMINAL JUSTICE ASSOCIATION - ASSOCIATION CANADIENNE DE JUSTICE PÉNALE

**SPECIAL ISSUE ON DRUG TREATMENT COURT (DTC)
GUEST EDITOR - DOUG HECKBERT**

D. HECKBERT
CHAMPIONING THE CAUSE OF DRUG
TREATMENT COURT

JUSTICE M. HOGAN (RETIRED)
MARY HOGAN'S PERSONAL
ACCOUNT

R. KAMEOKA
I APPLIED TO DTC SO AS NOT TO GO TO
PRISON, BUT DTC CHANGED MY LIFE

**& MANY MORE
ET BEAUCOUP
PLUS**



**Banff
2024**
39TH CCJA CONGRESS
39E CONGRÈS ACJP



The JUSTICE REPORT contains information of value to Association readers and the public interested in matters related to the administration of justice in Canada. Opinions expressed in this publication do not necessarily reflect the Association's views, but are included to encourage reflection and action on the criminal justice system throughout Canada.

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EDITORIAL

DOUG HECKBERT

Guest Editor

At the start of my career in criminal justice, I spent a lot of time in courtrooms as a probation officer. I came to understand the concepts of the rule of law and due process in Canada. What I struggled with, however, was the idea that a court's sentence, especially imprisonment, would lead to positive behavioural change on the part of an offender. I did not see much evidence of that change. But back then, I was not too focussed on the long-term impact of the justice system on offenders – most staff were mainly concerned about the clients coming through their door, adding to the ever-increasing caseloads.

Later in my career, I heard about Drug Treatment Court and remember thinking, now that is a good idea – combining due process with a therapeutic component. As I attended DTC graduations, I heard a common statement from a lot of grads: *Thanks to Drug Court, I learned to be normal again!* Something else I heard were staff comments that 70% of their grads did not re-appear in court. This struck me as remarkable because it is difficult to find research into sentencing options showing the positive outcome of lower recidivism. I like the specialization of courts; now let's focus on results.

This Special Issue on Drug Treatment Court simply takes the reader on a unique, microcosmic foray into DTC via lived experience. Collectively, the contributors identify a myriad of factors that impact DTCs. Six of the eight articles are personal reflections on the Drug Treatment Court (DTC) process in Canada. Their stories capture the

concept of lived experience in its many forms. Criminal justice is always about people, in a very personal, real-life way.

Rick Kameoka, Paulette Walker, and Roberto Diaz are DTC graduates, Robin is a long-standing DTC manager, JoAnn is a counsellor/former cop who applies the DTC regiment aiming to help participants change their behaviour, and Mary is a trail-blazing judge offering a perspective based on years of service to DTC. In our Young Researcher section, Umama Umama (Mount Royal University) presents a Canadian overview of DTC.

Despite the challenges—within a framework of best practices—related to DTC funding, human resources (i.e. consistent staffing), and the need for an evolving understanding of addiction and certain drugs, DTC offers a perfect way to operationalize a court based on due process and therapeutic concepts. I thank all of the authors to this Special Issue on Drug Treatment Court for their exceptional contributions, and also the Canadian Criminal Justice Association (CCJA) for providing this opportunity.



ÉDITORIAL

DOUG HECKBERT

Rédacteur Invité

J'ai consacré beaucoup de temps aux salles d'audience en tant qu'agent de probation au début de ma carrière en justice pénale. Je suis venu à comprendre les notions de primauté du droit et d'application régulière de la loi au Canada. Cependant, je me débattais quant à l'idée que la peine prononcée par un tribunal, en particulier l'emprisonnement, entraînerait un changement de comportement positif de la part d'un délinquant. Je n'ai pas vu beaucoup de preuves de ce changement. La majeure partie du personnel était surtout préoccupée par les clients qui franchissaient leurs portes, ce qui ajoutait à la charge de travail sans cesse croissante.

Plus tard dans ma carrière, j'ai entendu parler des tribunaux de traitement de la toxicomanie et je me suis dit, *Quelle idée judicieuse combiner l'application régulière de la loi avec un volet thérapeutique*. Alors que j'assistais à une remise des diplômes du DTC, j'ai entendu une déclaration commune des diplômés : *Grâce au tribunal de la toxicomanie, j'ai retrouvé une vie normale!* De plus, d'après les membres du personnel, 70 pour cent de leurs diplômés ne comparaient plus jamais devant le tribunal. Cela m'a impressionné, car il y avait peu de recherches mettant en évidence les résultats positifs d'une réduction de la récidive des options de détermination de la peine. La spécialisation des tribunaux me plaît; concentrons-nous désormais sur les résultats.

Le lecteur est plongé dans une incursion microcosmique unique dans le DTC grâce à ce numéro spécial sur le tribunal de traitement de la toxicomanie. Ensemble, les contributeurs identifient une myriade de facteurs ayant un impact sur les TTT. Sur les huit articles, six sont des réflexions personnelles sur le TTT au Canada. Leurs histoires capturent le concept d'expérience vécue sous ses nombreuses formes. La justice pénale concerne toujours les gens, d'une manière très personnelle et réelle.

Rick Kameoka, Paulette Walker et Roberto Diaz sont diplômés du TTT, Robin est gestionnaire de longue date d'un TTT, JoAnn est un conseiller/ancien policier qui applique le régime TTT dans le but d'aider les participants à changer leur comportement, et Mary est une juge pionnière offrant une perspective basée sur ses années de service au TTT. Dans notre section Jeunes chercheurs, Umama Umama (Mount Royal University) présente un aperçu canadien du TTT.

Malgré les défis—dans un contexte de pratiques exemplaires—liés au financement du TTT, les ressources humaines (c.-à-d. dotation uniforme), et la nécessité d'une compréhension évolutive de la toxicomanie et de certaines drogues, le TTT offre un moyen idéal d'opérationnaliser un tribunal en fonction de l'application régulière de la loi et des concepts thérapeutiques. Je remercie tous les auteurs de ce numéro spécial sur le tribunal de traitement de la toxicomanie pour leurs contributions exceptionnelles, ainsi que l'Association canadienne de justice pénale (ACJP) pour cette occasion de publication.



Championing the Cause of Drug Treatment Court: Successes, Expansion and Challenges of DTC in Canada

DOUG HECKBERT

Author of *Go Ahead and Shoot Me! And Other True Cases About Ordinary Criminals* (Durvile Publications, 2020)

In this lead article, Guest Editor Doug Heckbert salutes Drug Treatment Court (DTC)'s method of combining "due process with a therapeutic component". In this Special Section on DTC, Heckbert puts a spotlight on the lived experience of three DTC graduates, a DTC manager, a retired DTC judge, and a counsellor/former police officer who applies the DTC regiment. These personal reflections reveal the benefits of the DTC approach in Canada and a myriad of factors that can impact their success. In this lead article, section Editor Doug Heckbert questions the complete lack of comprehensive empirical studies on DTCs in spite of their twenty-five years of existence and embraces the news that Justice Canada and Statistics Canada agreed in 2021 to complete a recidivism study at a later date.

BIO – DOUG HECKBERT

*Doug Heckbert, a retired correctional worker and recent author, spent his career working in criminal justice as a probation officer, parole officer, prison caseworker, staff trainer, college/university instructor and consultant. He has offered non-credit courses to the public on a variety of justice topics, written justice information columns for a newspaper and contributed feature articles to the Justice Report. Doug is concerned with the misinformation and lack of quality information the public has about justice, and whenever possible he stresses the excellent work done by justice workers and the remarkable changes made by some offenders as they overcome barriers in their lives and the poor choices they used to make. Doug Heckbert is the author of *Go Ahead and Shoot Me! And Other True Cases About Ordinary Criminals* (2020, Durvile Publications).*

Most of the articles in this Special Section of the *Justice Report*, are personal reflections on the Drug Treatment Court, identifying a myriad of factors that impact DTCs. Robin Cuff, a Registered Psychotherapist and manager of the Toronto DTC, writes from over a decade of direct experience. JoAnn, a counsellor/former cop who gained her insight into the needs of DTC clients through her work in policing applies the DTC regiment to help participants change their behaviour, calls DTC "the solution". As a former Judge with years of experience sitting in DTC, Mary extols virtues and challenges, while three graduates of DTC, two of whom currently work in a DTC, offer real-life insight into what works and what might need more fine-tuning. In the Young Researcher section, Umama Umama (BA, Crim., Mount Royal University) offers a condensed version of her award-winning honours essay on DTC in Canada.

For me, DTC provides a perfect way to operationalize a court based on due process and therapeutic

concepts. The due process influence alerts offenders whose crimes are due to their addiction to one possibility – serving a relatively long prison sentence. The therapeutic component of DTC applies a health-services approach taking the form of a myriad of personalized programs over a year or so followed by a minimal sentence such as a day in custody or probation. DTC participants have a clear choice – if they change the people, places and things associated with crime and addiction, they too can learn to be 'normal' again with professional help.

All this sounds pretty convincing, so DTCs should be everywhere, right? Well, in the process of contacting contributors for this Special Section of the *Justice Report*, I also heard concerns related to DTCs. For example, one of the DTC graduates, Rick Kameoka, reports experiencing a really tough time in his recovery well after his DTC graduation. All the euphoria of completing the DTC program successfully and being clean for a considerable length of time came crashing down, and he began

feeling very alone and vulnerable to returning to his old ways. I wonder how many other grads run into this same situation, and if there are enough supports for grads after their court obligations have concluded? Remember, these folks have been seriously addicted and seriously involved in crime, so might it be reasonable to expect that the recovery process would take a fair bit of time and ongoing supports? Might there be need for follow-ups to reinforce the DTC experience?

As a DTC manager working in Canada's first and longest-running Drug Treatment Court (DTC), Robin reports the evolution of that court, to now, accepting only high-risk, high-needs clients within a harm-reduction focus. I understand there are other jurisdictions that seem to reject a harm-reduction approach to substance abuse. Is this an informed choice, taking into account best practices in the field of substance abuse? Will this abstinence focus ultimately doom the success potential of DTCs? As a former Judge with years of experience sitting in DTC, Mary expresses concerns about staffing decisions that will see court personnel (judges, clerks, crown counsel, and duty counsel) rotating through DTC, thus breaking the mold of continuity seen as an influential and effective feature of DTCs in establishing trust and rapport between clients and court officials.

It reminds me of a DTC graduation I attended a few years ago in which the judge confirmed a sentence of one day's imprisonment, to be served by the day's appearance in court: "A hush descended over the courtroom as Juanito's mother, father and sister came forward to speak. His dad spoke quietly about the hurt their family experienced when Juanito was out of control. He then spoke about the pride and love their family now feels, given all the positive changes Juanito has made. Juanito's younger sister spoke of her joy at seeing him return to normalcy. Juanito's daughter repeatedly hugged her dad.

When all the accolades were finished, the judge confirmed a sentence of one day's imprisonment, to be served by the day's appearance in court. She rose from her chair on the judge's dais, descended a few stairs to the witness stand then gave Juanito a large, framed certificate and a big hug. Juanito and the judge quietly exchanged smiles, a warm handshake and a thank you to each other. Everyone in the courtroom stood at attention, cheered and applauded. Tears were evident in many eyes". (Heckbert, Durville Publication Ltd., 2020).

In preparing this lead article, I found a 2010 research summary, updated in 2022, regarding the effectiveness of DTC and it contained a troubling observation: the "study highlights that there are very few methodically-sound studies on which one can assess the effectiveness of drug courts at reducing recidivism" (Public Safety Canada, 2010). I find it hard to believe that the impact of DTC on recidivism has yet to be studied in a methodically-sound manner in the twenty-five years that DTCs have operated in Canada. However, I am encouraged by the positivity of an Evaluation (of the DTC funding program) that recommends development of an information repository for DTCs, addresses under-representation of certain groups and barriers to access generally, and improves data related to capacity and technical issues and improved tracking from referral to acceptance. As well, a footnote in the Evaluation notes that "Justice Canada has entered into an agreement with Statistics Canada to complete a recidivism study at a later date" (Exec. Summary, Evaluation, 2021).

The contributors to this Special Section on Drug Treatment Court (DTC) identify a myriad of factors that impact DTCs. I wonder what it will take to champion the cause of DTCs, to successfully manage those factors and astutely steer DTC processes to the point where even skeptical community members can clearly see how DTCs successfully 'turn things around' for many persons seriously involved in addiction and crime?

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RÉSUMÉ

Championing the Cause of Drug Treatment Court: Successes, Expansion and Challenges of DTC in Canada

DOUG HECKBERT

Auteur du livre *Go Ahead and Shoot Me! And Other True Cases About Ordinary Criminals* (Durville Publications, 2020)

Doug Heckbert, agent de probation à la retraite et auteur récent, salue la façon laquelle les Tribunaux de traitement de la toxicomanie (TTT) combinent 'l'application régulière de la loi et un volet thérapeutique'. Dans cette section spéciale sur le TTT, Heckbert met en lumière l'expérience vécue de trois diplômés du TTT, d'un gestionnaire du TTT, d'un juge (retraité) du TTT et d'un conseiller/ancien policier qui applique le régime du TTT. Ces réflexions personnelles exposent les atouts de l'approche TTT au Canada et les multiples facteurs qui peuvent avoir incidence sur leur succès. Doug Heckbert, le rédacteur de la section, se demande pourquoi il n'y a aucune étude empirique compréhensive sur les TTT malgré leur existence depuis 25 ans, mais, il se réjouit du fait que Justice Canada et Statistique Canada ont convenu en 2021 de finir une étude sur la récidive à une date ultérieure.

Mary Hogan's Personal Account of Drug Treatment Court (DTC)

JUSTICE MARY HOGAN (RETIRED IN 2023)

Justice (retired) of the Ontario Court of Justice

A recently retired justice of the Ontario Court of Justice, Mary Hogan reports on DTCs from lived professional experience. She speaks from the heart, noting she worked to make DTC a softer, gentler Court, away from American models that were punishment-oriented and emphasized abstinence. The administration of a DTC is not the same as for conventional courts; the judge does not lead the team alone but in partnership with legal and treatment teams and strong community ties. Other challenges include a lack of understanding not only among the public but within the legal system, including those in charge of funding. Hogan also emphasizes that more DTCs are needed but must be properly funded/resourced and employ evidence-based practices. While graduation is the goal, DTC success is measured in small steps facilitated by DTC staff, who daily witness tragic situations combined with a lack of resources.

I began my legal career working as a lawyer and director of a storefront legal clinic which was one of four Canadian storefront Legal Aid offices that opened in the early 1970s. I started there as a law student, and eventually became the director. My practice was centred around test case litigation and law reform, primarily in the field of housing law. I was appointed a judge in 1987. I was young and female, one of the first female judges on the Ontario Court of Justice criminal bench. I became known as a judge who sentenced very softly, particularly when it came to drug crimes. For many years in the 1990s one of my colleagues, Justice Paul Bentley, had been working on establishing a Drug Treatment Court (DTC) at the Old City Hall Courthouse in Toronto. He succeeded, and the first DTC was established in 1998 at that courthouse. I was one of the back-up judges for Justice Bentley in the DTC and, when he tragically passed in 2011, I took over as the lead and remained so for a number of years. Partnership and collaboration were very important to me in the DTC, and the Centre for Addiction and Mental Health (CAMH) was our partner and provided the treatment component for the DTC.

In my time at DTC, I worked to make it a softer, gentler Court, moving away from the American models that were punishment oriented and emphasized abstinence. Harm reduction became the focus of our DTC. Working closely with CAMH, we did a lot of cross-training among the stakeholders on the legal side of DTC to ensure they understood not only what addiction was all about from a

health perspective but also the latest research and treatment options as well. We tried to ensure that we had a DTC team based on continuity of personnel, not just of the judge but also of the entire staff including the clerks in the court, duty counsel and the Crowns. This is particularly important for a DTC, because attending court has never been a happy experience for those charged criminally. As a result, it takes a lot of time to build trust with the clients and have them understand that we care about them. In DTC, we want the clients to see that it is a different sort of court from what they are used to, and that if they participate we are there for them – to support them rather than to enforce and punish. In order to be successful in building the necessary trust, the members of both the legal and treatment teams must be consistent and cannot keep changing.

We also did our best to make sure the DTC courtroom was different from the traditional courtroom and unique to the needs of DTC clients. So, when the new Toronto courthouse was being designed we lobbied for the new DTC courtroom to have a table, not a dais. Everyone can now sit around that table rather than stand and look up at the judge. At first, there was a lot of pushback from police and security and others – but we succeeded. In addition, we lobbied for making the DTC courtroom as trauma informed as possible.

So many of the DTC clients had been through the revolving door of the justice system for many years without ever receiving the assistance and treatment

they required to deal with the root of their offending. The system had completely failed them. What I found was that most were resilient and resourceful; they never lost hope and always wanted to do better. I learned a lot from them. Once they came to trust you, they realized this was a different sort of court and they did their best to work within the program. It was very difficult for them though. I remember one client telling me at our annual holiday party that it was the first time in 22 years he hadn't been in jail for the holidays. Many of our clients had been born into very difficult circumstances where resources and supports were lacking and, as a result, they often had been taken away from their parents and bounced from one foster home to another. Using drugs was a form of self-medicating due to past trauma. There was almost always some form of trauma at the root of their problematic substance use.

In terms of our DTC, we always tried to have a housing partner; unfortunately, this was not always possible. The lack of affordable and supportive housing was and continues to be at a crisis level in Toronto. Housing was probably the most critical factor in terms of how well the clients did in the program. You cannot expect anyone who has serious problematic substance use issues, mental health issues, brain injuries, or other issues to remember to keep their appointments, to attend court, medical appointments, etc. if they don't have a place to live. For me, getting someone housed was always critical and, if possible, the first step. Having said that, we did have clients who were living in ravines and yet they still managed to come to court and make their other appointments.

The treatment team were miracle workers! It is an incredibly difficult role because the clients are not always easy to deal with, particularly at the beginning. As I stated, the clients do not trust people in authority because authorities have not been good to them and their experiences with courts have never been good. At first, it is tough to establish trust and bonds. The therapists have clinical boundaries to observe. Sometimes it is very difficult to do and, even with that, they still share the ups and downs in their clients' lives. I really don't know how some of them do it. I know there were many times when I had to do the best I could to control myself – not to burst into tears over the absolutely tragic situations I was hearing about. It's 'anger-making' and frustrating. There is no excuse for the lack of housing and other resources. But the worst is the lack of will among the various governments to effect change for the

BIO – JUSTICE MARY HOGAN (Retired in 2023)

Part 1

Justice Hogan (retired) was first appointed a Justice of the Ontario Court of Justice in 1987. Prior to that she practised and taught law, primarily as the Director of Parkdale Community Legal Services, one of Canada's first storefront law offices established to serve low-income persons, and as a Sessional Lecturer at Osgoode Hall Law School. She concentrated in her practice on law reform and test case litigation focussing on the most vulnerable in our society. Her litigation included appearances at all levels of court including the Supreme Court of Canada.

Shortly after her appointment to the bench, she was appointed the first Regional Senior Justice for the Metro Toronto Region.

In January 1991, she left the Ontario Court of Justice to become the Deputy Attorney General for the Province of Ontario. She returned to the Court in 1992 as the Acting Associate Chief Justice. In 1996 she returned to her duties as a sitting Justice at Old City Hall, Toronto. The Ontario Court of Justice hears 97% of all criminal cases in the Province of Ontario.

Justice Hogan, along with her other judicial duties, presided in all the specialty courts – including Drug Treatment, Indigenous persons and Mental Health. From 2011 until 2017 she was the justice responsible for administering the Drug Treatment Court.

better. With the overdose deaths that have occurred in all kinds of programs including DTC, it's awful. How you pick yourself up and go on has to be very difficult for a therapist. It was for me as a judge, and I was removed from the day-to-day struggles. The therapists kept going and always above and beyond.

During COVID, people were being released from jail in Toronto at midnight. No one could seem to find out when someone would be released. So, staff were sitting in the parking lots of the jails, in their cars, when it was cold, waiting for hours and hours for their clients to be released. The therapists don't hesitate to go out into the community to find the clients if they are not coming to court. They are going to hospitals and staying with them. As I stated, they go above and beyond.

The manager of the CAMH treatment team at the Toronto DTC is an amazing woman. She's the one who gives the therapists and other workers support and helps them deal with their emotions so they can carry on. The legal staff, duty counsel and prosecutors also have a difficult role. They too go through the ups and downs with the clients. It's tough for everyone. Prosecutors will often come

into DTC somewhat rule oriented and tough but they quickly see what is happening with the clients and realize just how difficult their situations are. They learn quickly that this court is different and they adapt. And that is so important in a court like the DTC, being flexible and able to adapt to the circumstances. The clerks and other support staff also get to know the clients coming to court and they too provide needed support to the clients. It is very much a team, the therapeutic side and the legal side – true partners.

The concept of the treatment and legal teams working together and working with community agencies works well. DTC deals with the individual clients holistically; in other words the presence and usually the absence of the social determinants of health are key concerns. A DTC needs staff to establish strong ties in the community. As a result there has to be a lot of networking and cooperation. Other agencies have to understand what DTC is all about because they may have clients they can refer to us and similarly DTC has to be able to rely on their resources. Community engagement is key for the success of a DTC.

As far as the success of DTCs is concerned: we don't look at success in the traditional way such as graduation. Success is often measured in small steps. For example, success is when someone has reduced their drug use, such as the number of times they use or the amount they use. Or perhaps they are using a less serious drug. Or, in terms of their contact with the criminal justice system, they are getting arrested and convicted fewer times, or committing less serious crimes. All of these are measures of success. If a client shows up for court or shows up for their groups a number of times in a row—those are major successes. The act of graduation shouldn't be the only standard – it's a moving bar. The connections that clients in DTC make with members of the DTC team and others during their time in the program play a critical role in the success of each client. It is therefore important to recognize that it is critical to keep people in the program and connected to their supports sufficiently long so they feel ready to graduate or leave the program – that can take a long time. I believe a measure of success is also their ability to leave the program and yet continue in aftercare. As I stated, success mean all sorts of things and not just the traditional standard of graduation.

There are lots of challenges for DTCs. One is public understanding of what we do. One interesting

BIO – JUSTICE MARY HOGAN (Retired in 2023)

Part 2

In 2020 Justice Hogan was appointed by the Chief Justice as the judge to assist in establishing a Community Justice Centre in downtown Toronto. The mandate of the Justice Centre is to move justice out of the traditional courtroom and into a community setting by bringing together justice, health, and social services to address the root causes of crime, break the cycle of offending and improve community safety. In the Spring of 2021, the Downtown Toronto East Justice Centre became operational and Justice Hogan was the presiding judge in that Court until her retirement in March of 2023.

Justice Hogan (retired) is, and has been, a member of many professional and community organizations including a Board member of the Canadian Association of Drug Treatment Court Professionals and a member of the City of Toronto's Public Health Drug Strategy Implementation Panel.

Justice Hogan participated in the education of many in the legal community, particularly for groups and individuals interested in different justice delivery models, not only in Canada, but also in countries further afield such as Ethiopia and Mexico.

result of the opioid crisis was that it changed some attitudes toward problematic substance use. Suddenly those in what we might call the middle class were finding family members, friends and neighbours using opioids and getting into some very serious situations and in some cases overdosing and dying. They began to say wait a minute, these aren't criminals – these are my family, my friends; they have health issues, not criminal justice issues. Some have called this the gentrification of addiction. Unfortunately, however, I am beginning to see these new attitudes in the public about problematic drug use start to harden again and tough on crime may once again become the prevailing narrative. We must get the public on board and have them recognize that tough on crime isn't really what we need.

We shouldn't have to fight to establish DTCs. We need many more of them. Having said that, it does concern me to see DTCs popping up that aren't properly funded and resourced. The groundwork must be properly laid, appropriate treatment resources available and everything a DTC does must be evidence based. In the Toronto DTC, which is structured and has a well-respected treatment resource, we only take in those who are high-risk and high-needs. If you bring in individuals who are not in that category to a DTC program like ours, evidence shows that you can actually do them harm.

In setting up these courts, one must make sure they are based on best practices and not just thinking “That’s a great idea”. It is not as easy as that. I’ve been around about 25 years and it has taken us a long time to really understand what works, what doesn’t work, how you can actually do harm—albeit unintended—and we continue to learn. That has to be the foundation. It is a therapeutic court and it is a challenge to make sure you get it right.

Another challenge is that those in the higher level of administration of the courts don’t always understand what is required to run a successful DTC. This is NOT a standard, traditional court – it is different. So, the judge alone doesn’t lead the court – it is the judge, in partnership with the legal and treatment teams, that is what leads the court. To get that through to those in authority of the court system is a difficult task because they are used to judges having the final say. Some judges still seem to believe the work of a DTC is not legal work but social work and not the appropriate role of a judge.

What we do in a courtroom these days is very different from when I started. It is the final place where somebody gets sent when nobody else seems to know what to do. So we now see and are asked to preside over issues that might in the past not have been viewed as criminal justice issues. As a result we must look for different and often more creative ways of dealing with the issues and the individuals who appear before us. Unfortunately, there seems to be a reluctance to solve problems in different and creative ways within the court system. Call it social work, ok, but we are just doing our job dealing with the sorts of cases coming to us and trying to find ways that work – and those ways are not the traditional ways. Sometimes it can be a challenge to convince one’s colleagues of the necessity of the work we do. I’ve never left DTC after a day of presiding when I didn’t feel drained. We are dealing so intensively and intimately with people’s lives.

It is really difficult to deal with tragic situations and the lack of resources day after day, especially when it seems those in charge of providing resources are working at cross-purposes. A perfect example being the decision made by Toronto City Council last year that the warming centres were to close at the beginning of April despite it still being cold and despite the fact that every night there were never a sufficient number of shelter beds available for the unhoused.

RÉSUMÉ

Mary Hogan’s Personal Account of Drug Treatment Court (DTC)

JUSTICE MARY HOGAN (RETIRED)

Juge (retraîtée) de la Cour de justice de l’Ontario

La juge Mary Hogan, récemment retraitée de la Cour de justice de l’Ontario, discute les TTT à partir de son expérience professionnelle vécue. Elle parle avec le cœur, notant qu’elle a travaillé pour rendre le TTT un tribunal plus doux, loin des modèles américains axés sur la punition et l’abstinence. L’administration d’un TTT diffère de celle des tribunaux conventionnels; le juge ne gère pas l’équipe seul, mais en partenariat avec des équipes juridiques et de traitement ainsi que des liens communautaires forts. D’autres défis à relever incluent le manque de compréhension, non seulement du public, mais aussi des responsables du financement. Bien que le diplôme soit l’objectif, la réussite TTT se mesure par les petits pas franchis, facilités par du personnel TTT, qui témoigne quotidiennement des situations tragiques combinées à un manque de ressources. Hogan surmonte que tandis qu’augmenter le nombre de TTTs est primordial, ils doivent être basés sur des données probantes, être financés de façon adéquate et être dotés des ressources nécessaires et pratiques fondées sur des données probantes.





Toronto DTC

ROBIN CUFF

Registered Psychotherapist (RP); Manager of the Toronto Drug Treatment Court program; 24 years of leadership in addictions and related services in hospital and community settings; Participant in the development of best practices in treatment, justice, and health service providers.

Offering a well-informed overview of the Toronto DTC from inception to present day, Robin Cuff (DTC manager for the past 12 years) illustrates that the evolution of Toronto's DTC principles and practices has gone hand in hand with knowledge building. For example, better understandings of changes in the drug scene and the effects of certain substances that have come into vogue and also the importance of ensuring that services are trauma informed, among others. Robin laments the lack of funding increases over 20 years, as it directly reduces the number of people who can be accommodated through DTC; and yet the need is great and more complex. As well, recent structural changes have made consistent court staffing challenging, which is reductive to the trust and rapport at the heart of the DTC approach. While Cuff wishes for a world without the need for Drug Treatment Courts, she reports that DTC makes an important difference as a successful intervention model, filling gaps in services and serving as a smart alternative to incarceration.

For the past twelve years, I have been the manager of Toronto's Drug Treatment Court (DTC) and one of the things I have learned is that, while there are common principles which are held tightly, it is true and also important that each DTC responds to the clients and environment in which it is located. In Toronto, we are harm-reduction focussed, perhaps more than in most places, but that has been an evolution. We were the first DTC in Canada (1998), so we've had longer to evolve. One of the hallmarks I've tried to make sure we have is flexibility and responsiveness to the clients, the nuances and character of drug culture in Toronto and the specific ways in which the community responds. Prior to joining Drug Treatment Court, I had spent almost 10 years in the addictions field, and I remember thinking in the beginning of my work with DTC that staying would be in violation of my personal and professional ethics and values. I just thought it was too harsh, it wasn't necessarily following the most current addictions-treatment evidence and I did not feel it was something I could stay in. However, I did choose to stay—I don't run away from challenges.

I gained an appreciation for the rules and regulations and why they did what they did. The treatment team and I embarked on a change process to re-establish the values and principles that were consistent with current best practice, providing us with a values-

based framework for decision making and program design. We revisited best practice in the treatment world and figured out how to marry it with the DTC framework. We also focussed on how to provide quality service to those who may be harder to reach, such as women and ethnically diverse clients. We committed to being cognizant of the needs of those for whom justice is not as easily accessible. We approach our work with an inclusivity lens.

When the Toronto DTC program was in its infancy, we didn't clearly understand the things that impact participants, such as trauma and brain injury. We used to assume that non-compliance was purposeful, but now we better understand the impact of trauma and brain injury and brain changes. We no longer discharge clients in arbitrary ways, without attempting to understand contributing factors and we make sure our cross-training of judges, crown, duty counsel and others is trauma informed.

For example, we used to have bail conditions that said a client can't use substances. We know people are going to use substances because they have an addiction, so we removed that condition. If they could automatically stop because they are enrolled in the program, then they likely did not need the type of intervention we provide.

We also better understand the effects of substances. Along with that, substances have changed. At first, we primarily only had people with cocaine or crack use and an occasional opioid user. The drug scene has changed drastically. Now, it's mostly fentanyl and crystal meth and highly poisoned drugs, so people are dying at alarming rates. You cannot run a program that was designed for 1998 and think you can apply the same practices in 2024, or at least it would not be wise to do so.

Homelessness has become a bigger issue, too, so we have to deal with this head on.

We recognize the individual struggles that people are having with all of the above issues, so we have adjusted accordingly to try to help people. Our goal is to keep them engaged as long as we can in meaningful ways. We cannot help people who are not within our sphere of influence. Yes, of course people do get discharged; yes, people do leave the program. Our goal is to do everything we can to keep them and to help them find success according to their goals. And if they leave, our goal is that they leave somehow better off than when they arrived. We recognize that substance use is not the cause – it

is a symptom. For instance, people use substances to help them deal with emotional and physical pain.

We also know that addiction is a condition of disconnection, so connection is one of the main contributing factors of success. We try to help people to connect with us, with healthy supports, the court team, peers, friends and family and choose healthy new relationships – in any way they can to create connection and belonging. We know people do not typically change unless there is a positive and supportive relationship they can trust. We also focus on hope. We think that hope is a huge indicator of success. If people are hopeful, then they have goals and can be future oriented. They are much more likely to be engaged on their recovery journey than somebody without hope. We also know that housing is one of the top factors to success, so we subscribe to the housing-first model.

Toronto was the original DTC in Canada and funded by the federal Department of Justice, which still provides funding but administered through the provincial ministry of the Attorney General, to whom we report directly. In the first couple of years of operation, there were funding adjustments but, for most of the time, we did not get any funding increases. A dollar in 1999 has far less purchasing power in 2023. This, in effect, is equal to funding decreases, so over the years our staffing has gone down and our ability to serve the number we used to serve has gone down. About 6 years ago, our funding was decreased about 20% and that amount has just recently been restored.

For the DTC in Toronto, the Center for Addiction and Mental Health (CAMH) is designated the primary treatment provider and receives the funding. CAMH is a tertiary care hospital and the largest mental health and addictions research facility in Canada. DTC, therefore, is part of that environment, and, therefore, we have better access to lots of services like a psychiatrist and addiction medicine services and a mental health and addictions emergency department. From the beginning of the program, we adhered to certain structures and principles. We have a dedicated lead judge, a federal Crown, provincial Crown, Duty Counsel and a probation officer. Each of the disciplines has a dedicated team. Our treatment team staff provides all the intensive case management, in addition to court reporting and individual and group therapy. When clients complete the program, they are typically given a probationary period so our probation officer will supervise them

BIO – ROBIN CUFF

Robin Cuff is a Registered Psychotherapist, with education and training that spans the fields of addictions/concurrent disorders, business/human resources, counselling, trauma and spiritual care. She is a faculty member of the William Glasser Institute of Choice Theory and Lead Management. She is the manager of the Toronto Drug Treatment Court program, in addition to other portfolios in the Addictions Acute Care area of CAMH (Centre for Addiction and Mental Health) and has 24 years of leadership in addictions and related services both in the community and in hospital settings, primarily serving people who have been marginalized. She has participated in the development of best practices for women's addiction treatment, withdrawal management and trauma-informed care. Her work in Drug Treatment Court has led to many opportunities for diverse training opportunities across Canada and in the Caribbean and Latin America, the USA and Greece, sharing insights and experiences on topics such as trauma, addiction, best practices, concurrent disorders, boundaries, case management, stigma, harm reduction and alternatives to incarceration with treatment providers, justice system members, health care providers and government leaders. Robin is passionate about knowledge exchange and supporting teams to develop trauma-informed team cultures, equipping them to provide quality, trauma-informed, client-centred and hope-based care.

as part of the ongoing aftercare of the program and the client is required to remain engaged with the program during this time. We also have a dedicated paralegal who works for the Crown and organizes a lot of the court matters, a court chaplain and a court officer/police liaison. The treatment team has a peer support worker who is a graduate of the program, social workers and our most recent addition is an addiction medicine nurse, which reflects the more intensive health needs of the clients.

The Toronto DTC program is designed to serve clients who are at moderate to high risk of recidivism and for at least 10 years or more we have only taken in clients who are at high risk, with corresponding high levels of need. In keeping with evidence, we do not take people with low risk/low need alongside the higher risk clients. Theoretically, the program could be finished in 12 months but keeping to that timeline is very rare. Changing your life and healing takes a long time.

One of the biggest challenges we are having right now is with decisions being made within the justice system. In Toronto, the province has moved all the community courts into one courthouse, and at the same time there would no longer be dedicated court staff in the program. So, one of the biggest challenges we are facing right now is maintaining the principle of consistent staffing. Building a therapeutic rapport is in the DNA of DTC, so it is not in the best interest of the program, the team or especially the clients to not have consistent staffing. This causes considerable concern for us. DTC is a long journey, and it involves getting to know the client, establishing a trusting relationship and making decisions in that context. We work diligently to build that trust and rapport, which creates a therapeutic and trauma-informed culture. From a client perspective, if you have new people coming in who have power over you, then the automatic reaction is to close up and shut down and to be reluctant and even fear being honest. It can also be trauma-inducing to have to tell one's story over and over again.

Within the DTC structure, the court and treatment teams meet together regularly to work out policy changes, procedures, address recent concerns and developments and engage in knowledge exchange team building and cross-training. We foster a true team environment, and we operate collaboratively.

That keeps us unified, on the same page; it keeps our role identification clear, and it helps us work through ethical issues.

We also have a community advisory committee that is made up of agencies, partners and individuals who are invested in this type of work that support us. Probably one of our most important partnerships right now is with housing providers. We are fortunate to have some provincial health funding that goes toward temporary and permanent housing for our DTC clients. We have other housing providers around the table, public health, self-help groups, addiction treatment agencies, mental health providers, criminal lawyers' association and various justice representatives and graduates with lived experience, among others. We sometimes form temporary sub-committees to assist with projects or a particular concern like housing.

The treatment program is a combination of individual sessions, groups and intensive case management. As best we can, we provide one-stop-shop and wrap-around-care. We also provide volunteer opportunities for the clients as well as social and physical fitness activities. At least once a month a group of corporate volunteers come to play sports with the clients, which gives a sense of community and inclusion, and the volunteers also receive information about substance use, mental health and related criminal activity. We partner internally with addiction medicine services and even a dental clinic. Our peer support worker has developed relationships with some banks so clients who often find it difficult to get bank accounts are able to. We partner with ID clinics and a legal clinic for matters not covered by DTC. The court chaplain is part of the team and provides clothing and other supports as well as locations for clients to complete community service hours. We work hard at developing community relationships that will help provide wrap-around and thorough services in systems that are typically difficult to navigate.

Our motto is "DTC Connected". We look beyond the crime and substance use – these are symptoms of disconnection. If we can add a sense of hope to everything that we provide, there will be changes, especially in the client's perceived quality of life. Our lead judge consistently says: "we do not ask for perfection; we ask for connection". We cannot work effectively with people who do not have a strong

sense of connection. How we treat the clients and how we value them are indicators of how they will connect. Trust is a long and sometimes precarious journey, but we know if the clients are connected then the hard work can happen. They have been told over and over by society, the justice system and others that they are hopeless, so they can't see or believe or imagine anything different. USA Drug Court research indicates that one of the top indicators of success is the relationship the client has with the judge – both the amount of time the judge spends interacting with each client and the quality of that interaction.

Positive relationship does not mean there is no accountability or responsibility, as two of the principles of DTC are the administration of sanctions and incentives as well as urine screen monitoring. But it does mean we focus more on positive reinforcement; because after all, they have had plenty of negative consequences that have not turned things around. “Business as usual” has not worked. It also means that the judge is humane and cares, is interested in them, understands their circumstances. It means that the whole team does, and that makes a huge difference. We are privileged to serve the DTC clients and we want to reverse their experience of others treating them as if they are hopeless. They are not.

Personally, I am not invested in DTC becoming an industry. In fact, I dream of a day when we don't need DTC. I understand the criticism against DTC but until our political and legal systems change, I am committed to DTC as one intervention. DTC fills gaps in service and provides help that clients need. Of course I prefer a society where it is commonly accepted and understood that addiction is a health issue and where the system works to not criminalize people for health issues. I believe DTC is a strong alternative to incarceration and it is one we have available to us. It doesn't come close to filling all the gaps or meeting all the needs, but it is one tool of hope and change we can use to make a difference, one life at a time.

RÉSUMÉ

Toronto DTC

ROBIN CUFF

Psychothérapeute agréé, Toronto DTC Manager

Robin Cuff (gestionnaire du TTT depuis 12 ans) offre un aperçu général et bien informé du TTT à Toronto depuis sa création jusqu'à ce jour. Elle illustre que l'évolution des principes et des pratiques du TTT à Toronto va souvent de pair avec l'acquisition de connaissances. Par exemple, une meilleure compréhension des changements dans la scène de la drogue et des effets des substances en vogue et aussi l'importance de s'assurer que les services sont sensibles aux traumatismes, entre autres. Robin regrette l'absence d'augmentation du financement depuis 20 ans, car cela a un impact direct sur le nombre de personnes qui peuvent être prises en charge par le TTT; et pourtant le besoin est grand et plus complexe. De plus, des changements structurels récents ont rendu impossible d'uniformité dans la dotation, ce qui réduit la confiance et les rapports qui sont au cœur de l'approche TTT. Bien que Cuff aspire à un monde sans besoin des tribunaux de traitement de la toxicomanie, elle surligne que le TTT fait une différence en tant que modèle d'intervention réussi, comblant les lacunes dans les services et offrant une alternative intelligente à l'incarcération.



Banff 2024

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39TH CCJA CONGRESS

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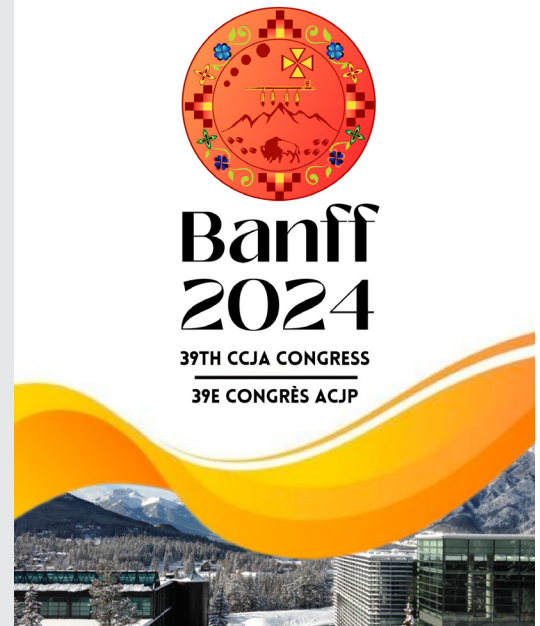
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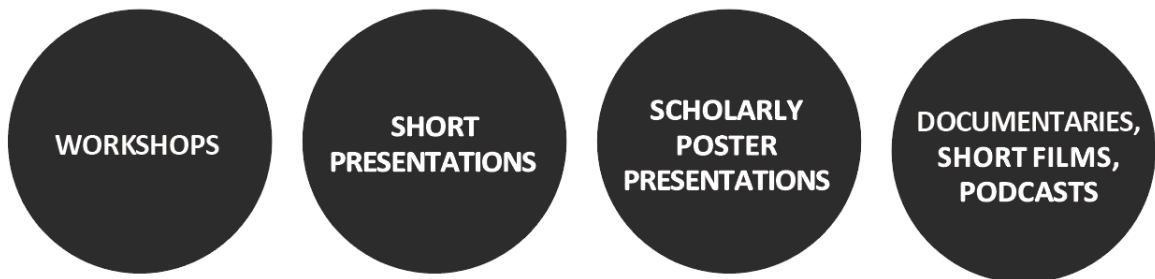
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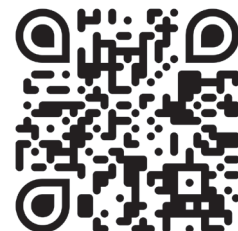
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Criminal & Addictive Thinking

JOANN MCCARTNEY

Police detective (retired); DTC counsellor

The knowledge, understanding and insight about criminal and addictive thinking can be obtained in many ways. For JoAnn, it came through the 'learned experience' of having worked in policing and counselling. Since 2006, JoAnn has worked for Edmonton's Drug Treatment Court facilitating an evidence-based program, which she makes even more wholistic by expanding on certain themes. She views Drug Treatment Court as the solution to addiction and criminal behaviour, which represents a significant portion of the accused in Canada.

Criminal and Addictive Thinking: Workbook is an evidence-based treatment program developed by Hazelden (2019) with the Minnesota Department of Corrections (USA). This *Workbook* uses cognitive behavioural therapy (CBT) to train male chemically dependent inmates to challenge their thinking in order to change their criminal and addictive behaviour patterns. It encourages clients to explore the distorted thinking patterns at the root of their behaviours. It helps them to understand how reactive thought processes keep them stuck in destructive behaviours, to recognize the connection between addiction and criminal activity, and to develop new healthier ways of relating to others.

I have been facilitating the Criminal & Addictive Thinking course to all participants at Edmonton's Drug Treatment Court since early 2006. I have added many handouts and share examples from my history in the policing and counselling fields to bring the material a male- / female-in-recovery perspective. I have been in the same environments as many of the participants: drug houses, fights and high-speed chases. I have also stood on street corners working undercover to buy drugs and sell sex and spent many years going into local jails to bring programming to inmates and listening to/counselling abused and addicted people disclosing the realities of their lives. I have a reputation for caring and passion.

SHOWING PEOPLE THEY CAN CONTROL AND CHANGE THE WAY THEY THINK

In my experience, people involved in the criminal justice system have gotten into habits in their thinking that help them justify their actions and

minimize their guilt. Because of my background, I can give examples and stories throughout the group sessions that are real to the clients active in criminal and addiction behaviours. I can be really specific describing types of places and situations, rather than generically talking about the psychology of changes in thinking. I expand the discussions to explore other distorted thinking habits, beyond crime/addiction, by including normal everyday experiences like job interviews, shopping for groceries and interactions with children and intimate partners. For example, I can describe employers being reactive, such as making assumptions about addicts when they are hiring, or people taking things personally when someone 'steals' their parking spot. I ask what the thought processes are when a person is late for a date or about the assumptions one makes when their child is disobedient.

DTC clients have experienced years of trauma, judgement and unhealthy coping, so I want them to know they are understood. I always try to get to know participants personally because then I can give them examples that will be meaningful to them. I also let them get to know me, because that is only fair. If I am asking them to get real in their thoughts, behaviours and experiences, I should be ready to do the same. If a participant asks about my dabbling with drug use, I am honest. If they ask me what it felt like to be at a shooting or in a chase, I tell them. This helps give me credibility, which makes participants more open to what I have to teach them.

–JoAnn McCartney

The Workbook (Hazelden, 2019) states early on that everything around us throughout our lives influences the way we think and can trigger various behaviours. I expand on this by adding discussions about how lived experience—including being molested, growing up poor, failing in school, witnessing parental violence, suffering childhood abuse/neglect or learning to drive via video games—shapes a person's self-worth and perceptions of life, in much the same way that porn use can shape a person's relationships.

Because I use real examples of crime's effect on victims, the discussion becomes more effective. It is never just theoretical – they cannot argue with actual stories about the effects they have had on others. And for some this may also open a window for exploring their own experiences as victims of past abuse.

BIO – JOANN MCCARTNEY

JoAnn McCartney is a counsellor in Edmonton, Alberta. She is a retired police detective who became involved in Edmonton's Drug Treatment Court Program in 2002 when Judge Wong initiated a committee to study bringing a drug treatment court to Edmonton. She ran the pilot of Edmonton's program in 2005 and assisted in creating the process that Edmonton still follows to this day. She has done individual counselling with many drug court clients and has facilitated all the Criminal & Addictive Thinking groups that everyone in the program must take. Many of the program participants describe her Criminal & Addictive Thinking program as the best group that they attended in their recovery journey.

I know that the vast majority of participants in our drug court program are very happy with what they learn in my sessions. They talk openly about how surprised they are when they realize their thoughts are what create their feelings and behaviours; and that if they change the way they think of someone or something, their feelings and behaviours about that person or situation will change as well. I let them know that their thought processes in the past were an understandable coping mechanism for the experiences they had and how they interpreted them at the time. I give them permission to have some of the same thoughts but to change the way they work with those thoughts so that they have better outcomes. I never judge their past reactions – I frame them as the result of those early negative experiences.

Another concept we talk about is the fact that once you decide in your mind that you HAVE to stop the criminal behaviour or substance use you have been doing, then the process is easier; all you need to learn is how. The entire process in a Drug Treatment Court program is meant to support participants to learn all the tools they need to change – once they have decided they MUST change, that they can no longer continue past behaviours. Participants who are in the program because 'they probably should stop' or 'their family want them to stop' or 'they want to avoid jail' have a much harder time in the process. Even after graduation, this idea that they HAVE to continue recovery helps them maintain all their successes in the long term.

COGNITIVE BEHAVIOURAL THERAPY & "THINKING REPORTS"

The use of Thinking Reports in the program is a CBT technique that I also emphasize a lot. These reports help participants get in the habit of thinking through situations rather than just reacting. Those who have graduated several years ago still find themselves spontaneously doing thinking reports in their head. When something happens that they have a big feeling about, they think "What is my thought that made me feel that? Why do I feel that way? Am I right? What else could I think? What else could I do?". This simple process helps them understand their thoughts, feelings and behaviours and the options available to them to choose a different behaviour. Once they start doing weekly Thinking Reports, it becomes a tool they find themselves often going back to.

I believe that one of the reasons my sessions are so successful at changing participants' thinking is because I treat the program as therapy, not just going through a self-help workbook. I keep the group small (maximum 5) and allow for a lot of discussion about what they are going through in drug court and in the experience of recovery with all the nuances change brings. I do not just focus on Workbook content – I expand the information to include their day-to-day experiences. I believe it is important for them to learn not only how to stay sober, but also how to be healthy in all their interactions. I always bring their experiences back to information in the Workbook about the use of distortions and habits of thinking to justify and cope. I show them how their use of tactics can be similar to the past but

for honorable purposes, not just to reduce criminal liability. Because I treat them like normal people who have had abnormal experiences, they find it easier to accept the past as mistakes and move forward by learning healthy coping choices. Because the program is technically therapy, participants may not be aware of the extent to which they are processing old traumas /experiences and coming out psychologically healthier by the end of the class. Most would be happy if the class lasted even longer than the 10 two-hour sessions we have because they are healing emotionally without the stigma of ‘going to counselling’.

DTC IS THE ONLY TRULY WHOLISTIC SOLUTION ON THE TABLE

I believe that a drug treatment court program is the solution to addiction and criminal behaviour; DTC methods lay between harm reduction and strict enforcement. It is a healing line—between enabling addicts by reducing the negative consequences of their addiction (providing food, shelter and drug safety) and using a stick like the law—that treats rather than punishes. In my view, the treatment must be caring, compassionate, wholistic and useful. We cannot simply send people to a short-term facility for a brief stay and expect them to recover from years of trauma and abuse. It takes a long-term, dedicated program like a drug treatment court that incorporates residential and outpatient treatment for all their issues, including drug use, abuse and trauma, emotional and physical health improvements, pro-socialization, healthy interactions, educational and employment upgrading.

A DTC program begins with mandatory, structured programming and closes with participants successfully placing boundaries and mandatory requirements on themselves. The group I facilitate is an important beginning for helping participants heal their cognitive issues and regain control over their thoughts and actions. It sets them on a path to challenging past perceptions about everything and opens them up to emotional and psychological growth. The very basic tenet of cognitive behaviour

therapy is that one’s thinking creates one’s emotions, which then shape and even trigger their behaviours. This group puts participants in touch with their thinking and returns to them their power to choose their feelings and actions. It helps them in every aspect of their lives, not just in their recovery, which is wholistic.

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RÉSUMÉ

Criminal & Addictive Thinking

JOANN MCCARTNEY

Inspecteur de police (retraîtée); conseiller du DTC

La connaissance, la compréhension et la compréhension de la pensée criminelle/addictive peuvent être acquises de différentes manières. JoAnn a pu acquérir une expérience grâce à son travail dans les services de police et le counseling. Depuis 2006, au Tribunal de traitement de la toxicomanie d'Edmonton, JoAnn a pour mission d'appliquer un programme fondé sur des données probantes, tout en le rendant plus holistique en élargissant certains thèmes. Elle estime que le tribunal de traitement de la toxicomanie est la réponse appropriée à la toxicomanie et au comportement criminel, qui représente une partie importante de l'accusé au Canada.



DTC GRADS

**SPECIAL ISSUE ON DRUG TREATMENT COURT (DTC) WITH
GUEST EDITOR DOUG HECKBERT**



Accountability: The First Step in My Recovery

ROBERTO DIAZ

Former drug user and dealer, now an esteemed peer support worker

When Roberto first swallowed the bitter pill of accountability as an addict facing 3.5 years in prison, he embraced DTC's restorative justice program, which included peer mentorship, endless assessments, and effective professional help. He is now doing a BA at MacEwan University and working as a Peer Support Worker with the Edmonton Drug Treatment Court Service, Alberta Health Services, and UTURN, a support group for youth and young adults. Roberto is also a facilitator in a Virtual Family Recovery Support group and coordinates/participates in various volunteer endeavors supporting Edmonton's most marginalized and at-risk populations.

With over a dozen charges and seven convictions from age 12 to 30, I can say without hesitancy that most of my charges and convictions are due to being consumed by the disease of addiction. Accountability was the first step in my recovery, because at that point I was accountable only to the disease of addiction.

Through the years, the criminal penalties had been community service, fines, driving suspensions, and probation. Only after I received an offer of a sentence of 3.5 years in a penitentiary did I realize there was no escaping the consequences of my actions. This was an opportunity to recognize, through my distorted thoughts, that I had become accountable to the substances and they fuelled my criminal activity and behaviour.

It was a crushing blow to know I could eventually go to the penitentiary. A bleak outlook had me in a low place, and I walked into detox on July 29, 2017 for many reasons other than wanting to stop using, as that was my only coping mechanism. Inside, I felt horrible – mentally, spiritually, physically and emotionally. I found myself homeless and alone, with a looming fear of the preliminary hearing where my probation officer would tell of my failed adherence to the probation order. I wanted to get off the streets, to see my daughter, and to not go to prison. Walking into detox gave me five days to ensure a clean urine screen to secure my bed in a 3-month treatment program, which I felt was my best chance of not being remanded.

When I first heard of “drug court” I had no clue what it was about but knew it could keep me out of prison, and that was enough information for me to apply. The Edmonton Drug Treatment Court Program offered an integrated approach with a court, treatment, and community focus allowing for restoration via rehabilitation from addiction and reparations to the community, all of which allowed me to become accountable. At my lawyer's office, I signed the notice of intent to participate in the DTC program, which would include attending court weekly and police checks for gang involvement. Various assessments gauged my motivation, substance-use history, and psychiatric health. I also had to plead guilty to the 3.5 years proposed by the Crown. The court agreed to suspend my sentencing until the conclusion of my program and gave me 2 months to revoke my plea and opt out. Bail-order conditions changed to reflect the program's stringent rules.

Accountability was one of the requirements, and it mirrored one of the fundamental principles that was lacking in me and fueling the life I was living under the disease of addiction and criminal behaviours. Once I realized the disease of addiction was accountable, I was able to change my life narrative with the help of Drug Treatment Court. At the beginning, there was daily check-in with my probation officer and case manager along with a supervised urine sample at the DTC office. My bail conditions went from 6 to almost 30, which was difficult to accept considering I had started my

recovery journey almost 5 months prior and made great effort with detox, treatment, counseling, sober living, and twelve-step meetings. At the beginning I understood the program team was trying to get to know me and already had realized what the program could bring. My case coordinator and I discussed the programming recommendations from my assessments. Weekly court appearances allowed me to share my progress with the judge, who used this and an update from the Drug Court team to decide whether to allow another week in the community. The court could mandate sanctions if rules were broken and even termination for serious infractions.

For me, one of the most meaningful supports of the DTC program was a mentor who had previously participated in the program and was living a life in recovery. As time progressed there would be rewards with conditions being removed for good behaviour and completing mandated programs. As the team gained confidence in the path I was on, it allowed for more input from me about what I would like to do in the program. The program offered me the opportunity to develop qualities I lacked but needed for personal recovery. This required healing, and that would take a lot of intensive work. I had to start embodying honesty, open-mindedness, willingness, humility, courage, love, discipline, perseverance and service.

My DTC program lasted from December 13, 2017 to January 9, 2019 and included 90 negative drug screens, over 300 twelve-step meetings, over 250 volunteer hours, 20 sessions with a family support group, a 28-day residential treatment program, a 3-week non-residential treatment program, addictions counseling, various groups pertaining to addiction recovery, therapy with a psychologist, criminal and addictive thinking behaviour program, financial literacy program, half a dozen parenting programs, being in a sober living facility for a year, and securing employment and independent living.

I crawled into recovery and, with the support of a restorative justice program—Drug Treatment Court—saw the depth of what I need to address. I am grateful.

BIO – ROBERTO DIAZ

Roberto Diaz is a father, a student, a support to many, a writer, an award winner, and a proud man in recovery. Born in 1986 in Valparaiso, Chile, he has lived in Edmonton for 32 years. He is currently enrolled at MacEwan University in the Bachelor of Arts program and has worked part-time with Alberta Health Services Addiction Services Edmonton as a Peer Support Worker for almost four years. He also works part-time with Parents Empowering Parents in two roles as a facilitator with their Virtual Family Recovery Support group and as a Peer Support Worker with UTURN, a support group for youth and young adults involved in substance use. Roberto coordinates and participates in various volunteer endeavors throughout the year all of which are aimed at supporting our city's most marginalized and at-risk populations. His interests include biking, skiing, soccer, football, basketball and everything to do with his daughter and family. A participant of the Edmonton Drug Treatment Court Service, starting December 10th, 2017 and graduating January 9th, 2019, Roberto had been consumed with the disease of addiction for 13 years and has been in recovery since July 29, 2017.

RÉSUMÉ

Accountability: The first step in my recovery

ROBERTO DIAZ

DTC Grad., ancien toxicomane et trafiquier, aujourd'hui travailleur de soutien par les pairs réputé

Comme addict faisant face au 3.5 ans en prison, Roberto a avalé la pilule amère de la responsabilité en optant au programme de justice réparatrice du TTT comprenait un mentorat par les pairs, des évaluations multiples et une aide professionnelle efficace. Il est maintenant titulaire d'un baccalauréat de l'Université MacEwan et travaille comme soutien de pair au Service des tribunaux de traitement de la toxicomanie d'Edmonton, Alberta Health Services, et un groupe de soutien des jeunes adultes (UTURN). Roberto est aussi responsable de l'animation d'un groupe virtuel de soutien aux familles et participe à diverses activités de bénévolat pour soutenir les populations marginalisées et à risque à Edmonton.

When the DTC Judge said, *We are here to help and support you*, I knew the life I had been surviving/existing in was OVER

PAULETTE WALKER

DTC Grad and Peer-Support Worker

Paulette had battled crack addiction for 25 years before Drug Treatment Court (DTC) broke the pattern and changed her world forever by facilitating full mental-health recovery. She learned self-love, forgiveness of self and that those who harmed her as a child were the root cause of her addiction. Today, Paulette Walker is a peer-support worker for DTC, chef, party planner, community minder, and much, much more.

My journey through Toronto Drug Treatment Court began in December 2001. It's hard to find words to really describe how my life has changed and how drug court facilitated that transformation.

I remember being arrested after 25 years of crack cocaine addiction; the last 20 years were a nightmare and in the end I was arrested (or rescued - it all depends on how you want to look at it). You see, I had been homeless for the last few years. No need to say how sad, hard and dangerous that experience was.

On my first appearance in court, the Judge Bentley asked me: "Do you want to stop using drugs?"

That question had me in thought for a few moments; I believe that is when it really hit me...YES I do want to stop using drugs, but I don't know how to stop.

The Judge looked at me and said: "Well, we are here to help and support you".

I knew then the life I had been surviving/existing in was OVER.

DRUG TREATMENT COURT, ASSESSMENT, AND RECOVERY

Released on bail, I was escorted to a shelter by a community volunteer. The next day I attended an assessment at the Centre for Addiction and Mental Health and was accepted into the Drug Treatment Court. I was assigned a young therapist, Serena, and I did not think she could do anything for me; how could she understand what I had been through? I had been in HELL for over 20 years and in so much pain that as I write this I am tearing up. So, after meeting with her a few times we laid out the plan for my journey; she would be there to support me, but the heavy lifting would be up to me.

BIO - PAULETTE WALKER

Paulette, deep in the throes of her 25 years of addiction, had the opportunity, through Drug Treatment Court, to change her life and she has not looked back. In 2003, she graduated from the Toronto Drug Treatment Court and started her volunteer work there and with the Centre for Addiction and Mental Health. Paulette went back to school and became a chef, then graduated from the Community Support Worker program at George Brown College. She worked part-time as a peer support worker, then full time with the Toronto DTC since 2012.

Here, I learned the drug treatment court mantra: PEOPLE, PLACES and THINGS. Oh how I needed to learn and put all that into action. I decided to give it my all – I had nothing left to lose.

Over the next nine months I worked hard at my recovery – lots of trauma-informed therapy, attending all in-house groups, and specialized groups that my therapist suggested (by now, Serena was my anchor and compass for all things recovery). I had found myself, my people, my community.

I also reconnected with my family and children – we are still working through building healthy relationships. I learned self-love, forgiveness of self and that those who harmed me as a child were the root cause of my addiction. You see, I had been molested as child as far back as I can remember. The inner child in me was now at peace; I could move on and accept responsibility for my life moving forward.

I LEARNED TO BE A STRONG BLACK WOMAN

I could not go back to my career that I had before my addictions took control of me, so I needed to re-invent myself. After all, I was in my mid-40s and I had changed in so many ways. My therapist brought it to my attention that I talk about cooking and how much I enjoyed cooking for others at the recovery home where I was then living. I enrolled as a full-time student in a Cooking program for people in recovery.

DTC PEER SUPPORT WORKER, CHEF, PARTY PLANNER, AND SO MUCH MORE

In August, 2002 I graduated from Drug Treatment Court, started my After program and moved into my own apartment. I immediately signed on as an Alumni and started giving back to the program that had saved my life. I was in gratitude mode, and I was amazed at how things had changed for me – if I can do this anyone can.

After volunteering, I worked as a part-time Peer Support Worker for Drug Treatment Court while I went back to school and took many courses on Peer Support and Community Support. In 2012, I became a full-time employee for Drug Treatment Court.

Staying connected is really important so I continue to volunteer with drug court and the Centre for Addiction and Mental Health which makes the

partnership with the courts work. I was invited to the United Nations Conference on Drugs and Crime to share my story of recovery and I also was awarded the Courage to Come Back Award.

PARTY PLANNER, CHEF, MOTHER, GRANDMOTHER, GODMOTHER, SISTER, AUNTY, FRIEND AND CHEERLEADER FOR ALL OF MY CLIENTS

I have the privilege of supporting and helping those who allow and trust me with a part of their recovery journey. I attend graduation and the birth of babies. I do fundraising, write letters of support, facilitate groups in the community and advocate for mental health and addictions. Along the way, I do workshops, speaking engagements, and organizing of Alumni events. I get involved in community gardening, holiday dinners, and engage/create partnerships. All the while I am staying in the perimeter of practicing professional boundaries.

My approach to my role in peer support is to encourage intentional relationships with clients/peers while supporting their journey of recovery. I meet with clients one-on-one within their first two weeks in the program for the Getting Started in Drug Treatment Court. This also gives us an opportunity to connect around our experiences and I share a bit about my journey in the program. One of the key things I do is to help support a connection to the program and encourage and help them to realize that this is the best decision they are making for themselves, and a good life is possible without using their drug of choice. I help out with medical appointments, getting identifications, banking, housing, clothing, and social activities. It is important to support/mediate when meeting with family who are struggling to understand what their loved one is experiencing.

–Paulette Walker

I document all interactions and every interaction/action is done with love, kindness, and compassion.

My intention is for every client to be treated with dignity and respect and feel they have a voice, and that they feel a connection, a sense of belonging, in this world and especially in the community.

I am so fortunate to have found my people, my community and my purpose.

RÉSUMÉ

When the DTC Judge said, *we are here to help and support you*, I knew the life I had been surviving/existing in was OVER

PAULETTE WALKER

DTC Grad and Peer-Support Worker

Paulette luttait contre sa dépendance au crack pendant 25 ans avant que le Tribunal de traitement de la toxicomanie (TTT) ait changé sa vie en facilitant son le rétablissement de sa santé mentale. Elle a appris l'amour et le pardon de soi et le fait que ceux qui lui ont fait du mal comme enfant étaient la cause profonde de sa dépendance. Aujourd'hui, Paulette Walker exerce le métier de soutien par les pairs pour le TTT, organisatrice de fêtes, cuisinière, gardienne communautaire et bien d'autres choses.

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- Successful reintegration with the help of corrections staff and/or others;
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Contact:

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I Applied to DTC So As Not to Go to Prison, but DTC Changed My Life

RICK KAMEOKA

DTC Grad.; former drug user and dealer; now an esteemed peer support worker

As reflected in his title, Rick applied for Drug Treatment Court to get out of going to prison, but DTC freed him from the chains of addiction and changed his life forever. After graduation from DTC, Rick found himself without friends or any support group, at risk of not being able to stay true to the DTC credo of People, Places, and Things and vulnerable to a potential relapse into addiction. To find the support he needed, Rick turned to the church where he had carried out the 'giving back to the community' phase of his DTC recovery plan.

INTRODUCTION

I grew up in a responsible, middle-to-upper class family in Ontario, with a proper upbringing and a proper start in life. I had a healthy relationship with my parents and a good childhood. I went to university, majoring in economics and philosophy, and got myself married – just trying to live the North American dream. I worked in financial services and retail where I set company records wherever I've gone. I delivered on my end of the promises. One manager said, "we've never had one like you". In my spare time, I started hanging out with some friends who were from the criminal/drug world. I was the only non-drug user that was allowed to be around them. For ten years straight, I was anti-drugs, but I was still allowed to hang around because we got along well.

The drug court team actually care – they really do. You hear this, like somebody waving the flag; but no, I really mean it – they care. They have empathy galore, they listen, they really hear you and they work with all of us clients.

–Rick Kameoka

Then one day, life's challenges got to me, and I told my friend "put out a line" of cocaine. He said he didn't believe me – go away, like stop bugging me. But then he eventually believed me and put out a Hollywood, a big one, and I did it. That was the beginning. At first, I was a weekend warrior. But over time, it started to take up more time and with different groups of friends until it eventually became a daily thing. For me, it became just like breathing air. I told myself I was a functional user which is a classic line that we use to lie to ourselves. I swore to myself that I would never do it around my kids. Then one day, low and behold, I'm in the washroom in the movie theatre and I'm doing lines and the kids are in the other room watching a movie. I knew better, yet next movie, there I am doing it again.

So, lots of bad decisions, stupid moves, but that's no excuse, just describing the life of an addict – just sliding into the drug world. The actual charges I was facing were possession and trafficking. Me and four other friends were businessmen and we all made good money. We pooled our money to make volume purchases, so I had a big volume when they arrested me.

I APPLIED TO DTC TO GET OUT OF GOING TO PRISON FOR THE WRONG REASONS, BUT NOW I KNOW DTC IS A REAL WAY OUT

Applying to Drug Treatment Court was a no-brainer – anything to get off doing jail time. I had some friends who died from drugs, and I didn't want to die. I actually went into the program with the attitude that maybe this is the help I need to quit drugs. They took our pee test every week and we had to report our drug usage in court every week. The whole goal of the program was harm reduction with honesty as the core – be honest with oneself and others. I managed to stay clean through the whole program, from start to finish. Another requirement was volunteering so I signed up at the Salvation Army, the Canadian National Institute for the Blind and the Centre for Addiction and Mental Health. My job at the church was cleaning but I told the pastor: "I will do whatever you want but whatever you do, don't bring me any of this God stuff". I eventually checked out the Sunday thing and all of a sudden after a couple of years, I became a Christian. It is what I learned at DTC and the support and fellowship from the church that helps me be the person I am today.

A LOT TO FACE UP TO DURING MY JOURNEY BACK INTO LIFE

For the first year and a half after graduating, I still went to the group sessions but that was easy because it was celebration time. Then, reality sets in. I looked around and I had no friends. Everyone in the last 10-20 years was a criminal or a drug addict. Under the guidelines of People, Places and Things, we learn to stay away from the people we used to

BIO – RICK KAMEOKA

Despite a positive upbringing and a successful career in financial services and retail, Rick became involved in the drug world as a user, eventually facing a lengthy prison sentence. He turned to Drug Treatment Court to avoid incarceration, but DTC helped him get back to a normal and law-abiding lifestyle. Rick is the proud father of three children and active in his Church. Legally blind, Rick Kameoka sees himself as a positive thinker but having the ability to think negatively. Rick is eager to give back to the DTC program and stays connected, to both benefit his own recovery and to contribute to the experience of others.

party with, stay away from the places we used to party at and stay away from addictive behaviour. So that left me with nobody, just me and my TV. At that point, I was suffering depression, anxiety and loneliness. Now the real challenge came. I was mourning the loss of a job (i.e., all these things I didn't pay attention to when I was doing drugs) loss of my wife, loss of kids, loss of stability, loss of routine, loss of my driver's license, loss of my eyesight and total loss of hope. I'm on record with the cops as a suicide attempt. Thank God the pastor came to my help. My folks died. The thing is I had to juggle all these things all at once. Now, I'm not complaining; I'm just stating that is quite a load for any human being. And I am very happy that God was there with me the whole trip because I have no explanation how I didn't go back to drugs; it would have been so easy. I've been clean since April 2015.

It hasn't been long since I have been going full blast in my journey back into life. I got a new phone because it had better technology and then I got the internet. My friends either laugh or warn me because I discovered Facebook. Now I'm able to communicate with kindergarten friends, high school friends, university friends and I have been spending my time getting together with them. The amazing thing is that, thank God, 100% of the people I contacted say great – let's get together. So we meet for coffee or a meal. I even stayed at a friend's house. Step 4 out of AA is to apologize, and I told everybody – that prepared me for the big conversation to let my kids know. I'm telling about my cocaine and addiction experiences, and it was received well by everybody. I bit the bullet and had the conversation with my kids. And fortunately that went well too.

SO THAT'S MY STORY

I'm only one man but I do what I can. That's why I still go to the group sessions every week, and I go to AA meetings twice a week and CA meetings once a week. I don't trust myself 100% and I still have to learn how to trust God. So in the meantime, I'm going to use the meetings, but especially the Drug Treatment Court, to help me.

RÉSUMÉ

I Applied to DTC So As Not to Go to Prison, but DTC Changed My Life

RICK KAMEOKA

DTC Grad.

Rick a fait une demande à un Tribunal de traitement de la toxicomanie (TTT) afin d'éviter la prison, mais le TTT lui a permis de se libérer de la dépendance et de changer sa vie pour toujours. Sans amis ou groupe de soutien après avoir obtenu son diplôme du TTT, et vulnérable à une rechute potentielle, Rick Kameoka a trouvé l'aide qu'il cherchait dans l'église où il avait réalisé la phase « donner à la collectivité » de son plan de réadaptation du TTT.

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The CCJA congratulates Umama Umama as the recipient of a Mount Royal University scholarship, the benefits of which include a CCJA membership and publication of Umama's article-style version of her winning paper "Drug Treatment Courts: An Effective Approach?" in the *Justice Report*!

Drug Treatment Courts: An Effective Approach?

UMAMA UMAMA, MOUNT ROYAL UNIVERSITY

Bachelor of Arts – Criminal Justice (Honours, Class of 2024)

Drug treatment courts (DTCs) in North America emerged as a rehabilitative alternative to address the link between drug use and crime. Instead of imprisonment, DTCs employ court-monitored programs to tackle issues associated with substance abuse. DTCs employ various strategies, including the risk-need-responsivity model, harm reduction strategies, and Medication-assisted treatment (MAT). Individualized treatment is crucial due to the diverse needs of those abusing drugs. Canadian DTCs adhere to international, federal, and provincial guidelines to ensure optimal client treatment. Despite the robust debate questioning the efficacy of these specialized courts, research demonstrates that DTCs prove effective and cost-efficient when guided by established standards.

INTRODUCTION

Drug Treatment Courts (DTCs) are specialized courts that emerged in Miami, Florida (1989) in response to increasing drug-related offences and incarceration populations (Public Safety Canada, 2010 & 2012). They aim to address substance use and reduce recidivism by combining holistic legal strategies tailored to the needs of offenders (Quirouette et al., 2016). DTCs provide rehabilitative options through judicially supervised community-based treatment programs for non-violent offenders with addictions issues (Public Safety Canada, 2010; Public Safety Canada, 2012).

Canadian DTCs adhere to national guidelines and have strict referral criteria to ensure program completion. They employ harm reduction through risk-need-responsivity and medication-assisted treatment strategies to enhance graduation rates. An extensive and growing evidence base endorses the effectiveness of these methods in reducing recidivism among those who complete the programs (Public Safety Canada, 2012).

DTCs have emerged as a preferred alternative to incarceration for individuals with Substance use disorders (SUDs), as incarceration leads to a range of additional problems. For this reason, it is crucial to address the accessibility of DTCs for marginalized populations, such as Indigenous people.

Research indicates that Indigenous individuals are overrepresented at all stages of the CJS but underrepresented in DTC with respect to probation and custody admissions (Public Safety Canada, 2012).

INTENDED PURPOSE

DTCs in Canada have three main objectives: first, to promote the adoption of alternatives to incarceration, particularly for at-risk populations; to decrease criminal recidivism by addressing offenders' substance use; and lastly, to promote best practices and continually refine approaches by collecting information and data on the effectiveness of DTCs (Department of Justice Canada, 2022; Public Prosecution Service of Canada, 2022).

It is imperative to have community-based models/ intervention programs because traditional ones, in both the private and public sectors, have clearly lacked the necessary approach and resources to adequately address addiction. DTCs integrate various services such as housing, community support, drug treatment, and healthcare to effectively assist participants (Grant, 2009; Quirouette et al., 2016). Moreover, they do so using a cooperative, multidisciplinary strategy that includes judicial supervision, regular and random drug testing, comprehensive substance-use treatment often including associated mental health interventions as well as incentives/penalties, clinical case management, and support from social services (Public Prosecution Service of Canada, 2022).

Accordingly, DTCs are better equipped to address the complex needs of offenders and eradicate the potential harms linked to incarceration. In addition to tackling substance-use issues, DTCs reduce recidivism, which means lower system costs across the criminal justice system. If accessible, DTCs can promote and administer justice and equality for marginalized groups (Canadian Bar Association, n.d.). About one out of every ten Canadians 15 and older meet the criteria for at least one substance use or mental disorder, and those suffering from mental illness are twice as likely to experience problematic drug use compared to other Canadians (Boyce et al., 2015; Mental Health Commission of Canada, n.d.).

The likelihood of encountering the police is higher for individuals with a mental or substance use disorder, even when adjusting for relevant socioeconomic and demographic factors (Boyce et al., 2015). These realities demonstrate the importance of implementing harm-reduction solutions like DTCs, as they enhance the existing system by assisting those grappling with addiction. The prevalence of substance use and mental disorders among Canadians highlights the need for more innovative approaches within the current CJS.

DTCs programs have proven economical by reducing expenses associated with offenders going through the formal CJS for drug- or addiction-related crimes, alleviating the burden on courts, corrections, and police resources (Canadian Bar Association, n.d.).

These programs save money by diverting individuals away from the formal CJS, and by meeting their needs equip them to reintegrate into society as independent, healthy, and productive members (Canadian Bar Association, n.d.).

HOW DO DTCs OPERATE IN CANADA?

DTCs in Alberta employ a post-plea, pre-sentence model as do many DTCs across Western countries (Provincial Court of Appeal, 2013). The Department of Justice Canada identifies five main components of DTCs:

1. An individual can formally apply to the DTC program after being arrested. For offences in which SUD is an obvious contributing factor in the offence committed, offenders are encouraged to apply for a DTC program (Department of Justice Canada, 2022).
2. Each applicant's eligibility (Department of Justice Canada, 2022) is assessed by the Crown Attorney using specific criteria established by each DTC. For instance, Calgary's DTC requires that the committed crime be motivated by an addiction to a Schedule 1 drug (Hoffort, 2020). Schedule 1 drugs, such as heroin, fentanyl, cocaine, oxycodone, opium, and others, require a prescription to obtain. (Alberta College of Pharmacy, 2018).
3. Potential applicants undergo mandatory interviews with treatment personnel to determine their needs. The case is then presented to a DTC judge, who has the final say in accepting the case. If the judge rejects the case, the offender must return to the regular court process.
4. Prior to commencing DTC, participants must plead guilty to their charges laid. Under the Controlled Drugs and Substances Act (CDSA), courts have the authority to postpone sentencing of those with SUDs (Public Prosecution Service of Canada, 2022). Once admitted, participants in any DTC are required to undergo random and frequent drug testing, appear regularly in court to report their progress to a judge who specializes in addiction and recovery matters, and actively engage in scheduled treatment programs.

5. In Canada, participants must meet criteria that are specifically established by the DTC they are attending in order to graduate. These include established indicators of social stability, compliance with program conditions, a period of abstinence from substance use, and no further criminal convictions. Amendments to the CDSA give courts the discretion to impose reduced sentences if an individual completes a drug treatment program approved by the Attorney General (Provincial Court of Appeal, 2013). A non-custodial sentence may be awarded to certain participants who complete the program, depending on their crime; alternatively, participants who fail to graduate are sentenced as if they had not entered the program (Provincial Court of Appeal, 2013).

Canadian DTCs adhere to criteria established by the National Association of Drug Treatment Professionals and the Canadian Association of Drug Treatment Court Professionals, with some variability across different DTCs in Canada. In essence, DTCs employ a systematic approach to tackle the intricate needs of individuals with severe addiction (Provincial Court of Appeal, 2013). DTCs facilitate participants' access to community services and treatment providers, relying on the collaboration of federal and provincial prosecutors, duty counsel, judges, and probation officers (Department of Justice Canada, 2022).

ARE THEY EFFECTIVE?

There is a lack of consensus among researchers on the effectiveness of DTCs. Gutierrez & Bourgon (2009) argue that two main factors mobilize this debate: quality of studies and quality of treatment. Their investigation assessed 96 studies, using Collaborative Outcome Data Committee Guidelines (CODC) and evaluation of adherence to the principles of risk-need-responsivity (RNR). Variability across studies was attributed to the poor study quality across the literature. Despite the poor adherence to the RNR model, however, the study demonstrated that the model effectively reduced offender recidivism by 8% and by up to 31% "when adherence to RNR principles increased" (2009).

RISK-NEED-RESPONSIVITY MODEL

Research on DTCs evidences the fact that those with SUD have varying mental health and substance-use treatment needs; the application of the RNR model, which is supported by a plethora of research, is one way to approach court-mandated substance-

use treatment that considers these varying needs (Mikolajewski et al., 2021). To operate productively DTCs must tailor the intensity of service based on offender risk level and criminogenic needs and facilitate behavioural change through cognitive-behavioural treatment strategies (Public Safety Canada, 2010).

A study by Mikolajewski et al. (2021) identified variations in risk and need groups based on such demographic variables as mental health, levels of substance use, and legal issues; this suggests triage procedures and assessment are important to success in DTC. The study identified unique predictors of drug court completion, including substance-use problems and frequency, age, education, and days incarcerated (Mikolajewski et al., 2021). Mikolajewski et al.'s (2021) research suggests that implementing specialized treatment tracks based on such assessments in traditional drug court programs can effectively target and help the diverse range of offenders expected among DTC participants.

HARM REDUCTION MODEL

The Canadian government embraced the harm-reduction model in the late 1980s as a framework for its *National Drug Strategy* (Grant, 2009). This approach aims to minimize the adverse economic, social, and health consequences of substance use without mandating complete abstinence from drugs (Alberta Health Services, 2019; Grant, 2009). A harm reduction approach acknowledges that abstinence is not a desirable or practical goal for all individuals; it emphasizes unrestricted access to health and social services regardless of a person's current substance use status (Alberta Health Services, 2019). Despite the fundamental role of this model in Canadian drug policy, many DTCs have been slow to implement harm-reduction strategies such as Medication-Assisted Treatment (MAT) (Addiction Resource Canada, n.d.).

MEDICATION-ASSISTED TREATMENT (MAT)

MAT, a method utilized to treat SUDs through pharmacological intervention, is a key component of comprehensive addiction treatment programs (Addiction Resource Canada, n.d.). Drugs like buprenorphine, methadone, and suboxone are utilized to address drug misuse, they are often not used for long-term indefinite maintenance but rather for transitional periods (Addiction Resource Canada, n.d.).

Supported by extensive scientific research, MAT can play a vital role in treating opiate addiction or Opioid Use Disorder (Addiction Resource Canada, n.d.). Gallagher et al. (2021) found that drug court treatment staff supported the use of MAT and that it contributed to the recovery processes of individual participants, leading to reduced relapse, decreased opioid cravings, higher retention and engagement in treatment, and improved drug court outcomes overall. The same study also concluded that the incorporation of MAT in 2016 at the drug court in which the study occurred resulted in a range of other positive outcomes for participants. Similar findings have been brought forward by other researchers. For instance, Westerberg et al. found a notable link between treating inmates with methadone, instead of solely opioid detoxification, and substantial reductions in recidivism rates; 53.4% of those that were prescribed methadone recidivated within a year of release compared to 72.2% of those who were detoxed from opioids.

PARTICIPANTS' PERSPECTIVES

In a 2017 study by Gallagher et al. in Indiana, US, drug court participants highlighted the significance of positive interventions, such as frequent contact with the judge and drug testing, in successfully completing the program. They also stated judgemental and punitive approaches undermined treatment quality and hindered graduation. The study identified three main predictors of program completion:

1. Introducing resources to support individuals in obtaining and maintaining employment can improve graduation rates. Employment or student status at the time of admission increased an individual's likelihood of graduating by 2.5 times.
2. The type of drug used by the participant; opiate abusers had reduced chances of graduating compared to non-opiate users. The chances of completing the program were improved if MAT was provided.
3. Participants' violation history is another predictor. Those who had violations within the first month were almost half as likely to graduate compared to those without violations.

INDIGENOUS PEOPLES AND DTCS

Indigenous people are overrepresented in various areas of the Canadian CJS, but notably underrepresented in DTCs. A 2018 study by Weinrath et al. (2018) examined referrals to the DTC in Winnipeg, Manitoba, using local male admission data and drug court records from 2006 to 2014. Referrals were not influenced by age, race, or sex, but Indigenous male offenders were found to be at higher risk compared to other groups. The study found that the expansion of drug court referrals for Indigenous people is a considerable challenge.. One plausible reason for this includes the absence of equitable access to options other than custody. This is an extremely complex issue, as noted by Weinrath et al., and simply increasing the intake of individuals in proportion to their population within probation and custody admissions is not a viable solution. Data from correctional institutions demonstrates Indigenous male offenders have higher street gang membership along with more convictions for violence (Weinrath et al., 2018). These factors, along with others, inhibit acceptance into DTCs, which operate under stringent guidelines to ensure feasible graduation chances for participants. Reducing the number of Indigenous male offenders in custody for drug possession thus demands more extreme solutions than DTCs (Weinrath et al., 2018).

The expansion of drug court referrals for Indigenous people is also challenging in other ways. Where previous convictions for violence or gang involvement make people inadmissible to DTC, “neither alcohol nor Cannabis use are eligible criteria for DTC participation (even though the DTC mandate is to “treat substance use disorders as a root cause of crime” (Thesis, 2021). This is seen by some as exclusionary of Indigenous people and Black people, who were significantly over-represented in Cannabis possession convictions prior to decriminalization, and Indigenous people have a higher incidence of alcohol abuse (Thesis, 2021). , and into the development of Indigenous DTC specialized courts encompassing those having gang involvement or previous convictions for violence (Rezanoff et al., 2015).

CONCLUSION

Beyond evident advantages like improved public safety through reduced drug-related crime and better health with decreased drug dependency, DTCs play a crucial role in restoring lives. They also present a cost-effective alternative to traditional CJS responses by lowering expenses related to policing, corrections, and courts while directing individuals with SUD to appropriate programs and support. Understanding the factors influencing DTC graduation rates is crucial, given the rapid expansion of DTC programs in Canada. While thorough quantitative research exists on this topic, it fails to capture participants' lived experiences, hindering a broad perspective on what supports or impedes program completion. Moreover, the admission of Indigenous people into the DTC program is concerning, as this underrepresentation does not align with Indigenous overrepresentation in other aspects of the criminal justice system. This issue cannot be solved through increased intake of this population in proportion to custody and probation, that this group's complex history and needs require a more radical approach than DTCs offer (Rezanoff, 2015).

Much research focusses solely on criminal recidivism when evaluating DTC. However, future research must look beyond recidivism rates. More investigation is needed on why/how the social and psychological interventions in DTCs reduce recidivism, how access to social and health support during program could be improved, and how to create specialized Indigenous DTC courts that encompass those facing gang-related charges.

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RÉSUMÉ

Drug Treatment Courts: An Effective Approach?

UMAMA UMAMA, MOUNT ROYAL UNIVERSITY

Bachelor of Arts – Criminal Justice (Honours, Class of 2024)

Les tribunaux de traitement de la toxicomanie (TTT) en Amérique du Nord sont apparus comme solution à la réadaptation en abordant le lien entre la consommation de drogues et la criminalité. Au lieu de l'emprisonnement, des programmes TTT s'attaquent aux problèmes associés à la toxicomanie en utilisant diverses stratégies, y compris le modèle Risque-besoin-réceptivité, réduction des méfaits, et le Traitement assisté par médication (MAT). Un traitement individualisé est crucial en raison de la diversité des besoins des toxicomanes. Les TTT canadiennes respectent les lignes directrices internationales, fédérales et provinciales pour assurer un traitement optimal des clients. Malgré le débat vigoureux sur les TTT, d'après la recherche, ils se révèlent efficaces et rentables lorsqu'ils sont guidés par des normes établies.



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